

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

This notice describes the privacy practices of Lancaster Manor. Lancaster Manor is required by law to maintain the privacy of your health information. Information regarding your health care is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. §1320d et seq., 45 C.F.R. Parts 160 and 164. We must follow the privacy practices contained in this notice. However, we reserve the right to change the privacy practices described in this notice, in accordance with the law.

## **HOW WE MAY USE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION:**

**Treatment.** We may use or disclose health information about you to provide you with treatment or services. For example, information may be shared with our nurses, nurse practitioners, health assistants and other health care personnel to create and carry out a plan for your treatment. We may also share information with providers outside our system who may be involved with your treatment.

**Payment.** We may use or disclose health information about you to obtain payment for your health care services. For example, in order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information onto an insurer or other payor in order to help receive payment for your medical bills.

**Health Care Operations.** We may use or disclose health information about you for health care operations. For example, we may use your information to review the quality of the services you receive. We may disclose your protected health information to other persons or organizations known as business associates, who provide services for us under contract. We require our business associates to protect the medical information we provide to them. We may use and provide your health information to tell you about possible treatment options or other items of interest and to contact you to remind you of your appointments.

**Individuals Involved With Your Care Or Payment Of Your Care.** If family members, relatives or close personal friends are helping care for you or helping you pay for your medical bills, we may release health information about you to those people. The information released may include your location within our facility and your general condition. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so that your family can be notified about your condition, status and location.

**Required By Law.** We may use or disclose your health information to the extent that the use or disclosure is required by law.

**Public Health Activities.** We may use or disclose your health information for public health activities required or permitted by law. These activities generally include the following: to prevent or control, disease, injury or disability; to report births or deaths; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; or to notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition.

**Health Oversight Activities.** We may use or disclose your health information to a health oversight agency for activities authorized by law such as audits, investigations, licensure and inspections. These agencies might include government agencies that oversee the health care system, government benefit programs, other government

regulatory programs, and civil rights law.

**Abuse or Neglect.** We may use or disclose your health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state law.

**Coroners, Medical Examiners and Funeral Directors.** We may use or disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation.

**Law Enforcement.** We may use and disclose health information for law enforcement purposes, including but not limited to the following: in response to legal proceedings; to identify or locate a suspect, fugitive, material witness or missing person; pertaining to a victim of a crime; pertaining to a death believed to be the result of criminal conduct; pertaining to crimes occurring on-site; and in emergency situations to report a crime, the location of the crime or victims involved.

**Organ and Tissue Donation.** We may use or disclose your health information to people involved with obtaining, storing, or transplanting organs, eyes or tissue of cadavers for donation purposes.

**Military and National Security Activities.** We may use or disclose your health information to authorized federal officials for conducting intelligence, counterintelligence, and other national security activities.

**Legal Proceedings.** We may use or disclose your health information in the course of any judicial or administrative proceeding, in response to a court or administrative order and in certain conditions in response to a subpoena, discovery request or other lawful process.

**Workers' Compensation.** We may use or disclose your health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illness.

**Health Or Safety.** We may use or disclose your health information to law enforcement or other agency to prevent a serious threat to your health and safety or the health and safety of other people.

**Inmates.** We may use or disclose health information to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.

**For Research.** Under certain circumstances, and only after a special approval process, we may use or disclose your health information to help conduct research.

**Directory.** Unless you object, we may use your health information, such as your name, location in our facility and religious preferences for directory purposes. The directory information will be released to people who ask for you by name. The information about your religious affiliation will only be disclosed to clergy members.

## **YOU HAVE SEVERAL RIGHTS WITH REGARD TO YOUR HEALTH INFORMATION:**

**Right To Inspect And Copy.** You have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes; information gathered in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. You may be charged a reasonable fee for a copy of your records.

**Right to Request To Correct Or Amend.** If you believe your health information is incorrect, you may ask us to correct or amend the information. Your request must be made in writing and must include a reason for the correction or change. If we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

**Right To Request Restrictions.** You have the right to ask for restrictions on how your health information is used or disclosed for treatment, payment and health care operations. Your request must be in writing and must include what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply. We are not legally required to agree with your requested restriction(s).

**Right To Request Confidential Communications.** You have the right to ask that we communicate your health information to you using alternative means or an alternative location. For example, you may wish to receive information about you health status in a special, private room or through a written letter sent to a private address. We will accommodate reasonable requests.

**Right to An Accounting Of Disclosures.** You have the right to ask that we provide you with a list of the disclosures we have made of your health information after April 14, 2003. This list will not include disclosures made for treatment, payment or health care operations. This list will not include disclosures made to you or your legal representative, law enforcement/corrections regarding inmates, certain health oversight activities, our directory, national security or pursuant to your authorization.

**Right To Revoke Your Authorization.** If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing.

**Right To A Paper Copy Of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. We will not retaliate against you for filing such a complaint.

**If you have any questions or concerns regarding your privacy rights, the information in this notice, or if you wish to file a complaint, please contact the following individual for information:**

Lancaster Manor  
ATTN: Privacy Officer  
1001 South Street  
Lincoln, NE 68502  
(402) 441-7101

**This Notice of Privacy Practices is effective April 14, 2003.**

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge that Lancaster Manor has given you a copy of its Notice of Privacy Practices, which explains how your health information will be handled in various situations.

If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

Check all that are true:

- ☐ I have received Lancaster Manor's Notice of Privacy Practices.
- ☐ Lancaster Manor has given me the chance to discuss my concerns and questions about the privacy of my health information.

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Patient's/Personal Representative's Signature

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Date

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Lancaster Manor staff should complete if Acknowledgment is not signed.

1. Does the patient have a copy of the Notice form?  
☐ YES ☐ NO
2. Please explain why the patient was unable to sign an acknowledgment for and Lancaster Manor's efforts in trying to obtain the patient's signature: